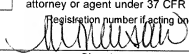
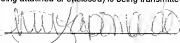


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) C0989.70037US00
Application Number 10/762,207-Conf. #2512	Filed January 21, 2004	
For HIGH RESOLUTION LINEAR ANALYSIS OF POLYMERS		
Art Unit 1631	Examiner J. M. Sims	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350
<input type="checkbox"/>	Small Entity Fee	\$65
<input type="checkbox"/>	\$245	\$
<input checked="" type="checkbox"/>	\$555	\$ 555.00
<input type="checkbox"/>	\$865	\$
<input type="checkbox"/>	\$1175	\$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 48,207 <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
Signature  Maria A. Trevisan Typed or printed name		April 6, 2009 Date 617.646.8000 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)-(4).	
Dated: April 6, 2009	Signature  (Nicole Millette Lapomardo)